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| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | | |
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| TOTAL IND. | 6 | ↓ | | ↓ | | ↓ | | TOTAL IND. | ↓ | | ↓ |
| TOTAL DEP. | 12 | ↓ | | ↓ | | ↓ | | TOTAL DEP. | ↓ | | ↓ |
| TOTAL CLAIMS | 18 | | | | | | | TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY